

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027657

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 140
FILED JUL 16 1962VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon, Mo.</u>		Length of stay in 1b <u>2 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>357 N. Clay</u>	
3. NAME OF DECEASED (Type or print) First <u>Iola</u> Middle <u>D.</u> Last <u>Reeves</u>		4. DATE OF DEATH Month <u>July</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-22-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cooking</u>	
11a. FATHER'S NAME <u>Jack Dempsey</u>		11b. MOTHER'S MAIDEN NAME <u>Emma Beatty</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u>[redacted]</u>	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> Gen. Arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis.</u> DUE TO (c) <u></u>		13b. NAME OF HUSBAND OR WIFE <u>Guy Reeves</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u>6/25/62</u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>6/25/62</u>		20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo</u>	
21. I attended the deceased from <u>6/25/62</u> to <u>7/8/62</u> and last saw her alive on <u>7/8/62</u> Death occurred at <u>3:00p</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>7/11/62</u>	
23a. SIGNATURE <u>George E. Fisher M.D.</u>		23b. ADDRESS <u>Lebanon, Mo</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Baptist Church Cemetery</u>		23d. LOCATION (City, town, or county) <u>Conway, Missouri</u>	
23e. DATE <u>7-12-1962</u>		23f. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	
23g. FUNERAL DIRECTOR <u>Douglas Griswold</u>		23h. ADDRESS <u>Lebanon, Mo</u>	
23i. DATE RECD. BY LOCAL REG. <u>7-11-1962</u>		23j. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Douglas Hissard

Licensed Embalmer No. 5099

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-12-1962 H.D.H.